

# GREEN COUNTY APPLICATION FOR EMPLOYMENT

(Please Print Clearly or Type)

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status.

GREEN COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

POSITION APPLIED FOR:

DATE OF APPLICATION:

\_\_\_\_\_

## PERSONAL DATA

Name

(Last)

(First)

(Middle)

Address

(No.)

(Street)

(City)

(State)

(Zip Code)

( )

( )

Telephone Number

Alternate Number

Social Security Number

1. If You Are Under 18 Years Of Age, Can You Provide Required Proof Of Your Eligibility To Work?  
\_\_\_\_\_ Yes \_\_\_\_\_ No
2. Have You Ever Filed An Application With Green County Before?  
\_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, give date and department \_\_\_\_\_
3. Have You Ever Been Employed With Green County Before?  
\_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, give date and department \_\_\_\_\_
4. Are You Currently Employed?  
\_\_\_\_\_ Yes \_\_\_\_\_ No
5. May We Contact Your Present/Last Employer?  
\_\_\_\_\_ Yes \_\_\_\_\_ No
6. Are You Prevented From Lawfully Becoming Employed In This Country Because Of Visa Or Immigration Status? (Proof of citizenship or immigration status will be required upon employment.)  
\_\_\_\_\_ Yes \_\_\_\_\_ No

7. Have You Ever Had Any Job-Related Training In The United States Military?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Are You Able To Perform All The Functions/Duties Of The Job You Are Applying For?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If no, please identify which essential functions you are unable to perform: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Have You Been Convicted Of A Felony Within The Last 7 Years? (Conviction will not necessarily disqualify an applicant from employment.)

\_\_\_\_\_ Yes \_\_\_\_\_ No

10. Do You Have Any Criminal Charges Pending, Other Than Minor Traffic Violations? (Pending criminal charges are not an automatic bar to employment. Each case is considered on its merits.)

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* NOTE: RESIDENCY MAY BE REQUIRED.

<b>EDUCATION RECORD</b>			
(List education, licenses, certificates and degrees related to the position sought)			
	Institution Attended	Curriculum	Licenses/Certificates/ Degrees Earned
High School			
Technical School			
College			
Post College/ Graduate School			

## EMPLOYMENT RECORD

(Including military experience if job related. List employment beginning with present or last job.)  
(May attach additional page if necessary to complete employment record.)

Company Name		Specific Duties	
Address			
City	State	Zip	Phone (    )
Job Title		Supervisor	
Date Employed From (Mo/Yr)		To (Mo/Yr)	
Salary Starting \$		Ending \$	
Reason For Leaving			
Company Name		Specific Duties	
Address			
City	State	Zip	Phone (    )
Job Title		Supervisor	
Date Employed From (Mo/Yr)		To (Mo/Yr)	
Salary Starting \$		Ending \$	
Reason For Leaving			
Company Name		Specific Duties	
Address			
City	State	Zip	Phone (    )
Job Title		Supervisor	
Date Employed From (Mo/Yr)		To (Mo/Yr)	
Salary Starting \$		Ending \$	
Reason For Leaving			
Company Name		Specific Duties	
Address			
City	State	Zip	Phone (    )
Job Title		Supervisor	
Date Employed From (Mo/Yr)		To (Mo/Yr)	
Salary Starting \$		Ending \$	
Reason For Leaving			
AS AN EMPLOYEE HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN?    ____ Yes    ____ No			
If Yes, Explain. (Attach Additional Page.)			

### Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience. (Attach additional page if needed.)

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**AUTHORIZATION AND ACKNOWLEDGMENT FOR EMPLOYMENT  
WITH GREEN COUNTY**

I certify that the answers given by me in this application are true and correct without omissions of any kind. I understand that any misleading or incorrect statements may render this application void. If I am employed and it is subsequently discovered that any answer given by me is incomplete, misleading or incorrect, I may be terminated. I agree that Green County shall not be held liable in any respect if my employment is terminated because of false, incomplete or misleading statements, answers or omissions made by me in this application.

I also authorize pertinent companies, schools, agencies, municipalities or persons to give to Green County any information requested regarding my employment, character, experience and qualifications and/or suitability for employment with Green County including a check of my fingerprints and police record for the purpose of considering my suitability for hire. I hereby forever release, discharge and covenant not to sue any person or organization for any result of providing, obtaining or acting upon such information. I understand that such information is sought with confidentiality and will not be released to me in any form whatsoever.

In addition, a copy of this authorization is as valid as the original and should be recognized as such.

I further understand that I may be asked to undergo a physical examination, including substance abuse screening, prior to an appointment to a position with Green County. Refusal to participate will result in the rejection of my application.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Date

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**NOTICE AND CONSENT TO SUBMIT TO  
EMPLOYMENT PHYSICAL AND DRUG TESTING**

All individuals conditionally accepted for employment with the County of Green are required to submit to physical examination, tuberculin test, and drug test, prior to commencement of employment. The examination and drug testing shall be made by a medical facility and physician selected by the Personnel and Labor Relations Committee of the County Board and shall be at County expense.

You will be notified by the County as to the date, time and place of your physical examination and drug test. Please be prompt for the appointment.

You will also be given instructions as to the collection protocol for drug screening prior to your screening date.

Failure to submit and consent to the drug testing shall disqualify you from further consideration for employment with Green County. Employment is conditional upon passing the drug screening as certified by the County's chosen medical facility and physician. Upon hiring, a physical examination is required.

**CONSENT AND RELEASE**

I, the undersigned, \_\_\_\_\_, have read and understand the foregoing statement requiring me to submit to a drug test as a condition of employment with Green County. I also understand that a physical examination is required, upon hiring.

I hereby acknowledge that I fully understand the foregoing and voluntarily consent to a physical examination and drug test by a physician and certified laboratory selected by Green County, and release of results to the medical review officer.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

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## **GREEN COUNTY DRUG TESTING POLICY STATEMENT**

Green County recognizes the problem of substance abuse in today's society. This problem of alcohol and drug abuse and misuse represents a great potential for health, safety and security problems. This problem is of particular concern to the County of Green, who is subject to extensive governmental regulations and owes a special duty of care to its constituents, residents and visitors. Not only does a substance abuse-impaired employee jeopardize his/her own health and well-being, but also that of every person he/she comes into contact with at work or in the public. Therefore, a strong affirmative approach to dealing with drug and alcohol abuse is dictated.

Concern for employees' safety, health and well-being, as well as other persons in the County, is a major Green County commitment. In return, Green County expects its employees to assist in maintaining a drug-free work environment that is free from the use and effects of alcohol, drugs and other mood-altering substances.

Green County prohibits employees from the unlawful manufacture, distribution, dispensation, possession or use of controlled substances in the work place.

In order to make Green County roads, work places and environs safer, Green County has established procedures which will require new prospective employees who apply for consideration for a position with Green County to be tested for the use of Amphetamines, Barbiturates, Benzodiazepine, Cannabis, Cocaine, Methadone, Methaqualone, Opiate, Phencyclidine (angel dust) and Propoxyphene, as part of this pre-employment and qualification medical examination.

Positive test results, which shall be confirmed by back-up test, will be considered in employment decisions and may result in a decision that the applicant is medically unqualified for employment.

I have read and understand the Green County policy concerning drug and alcohol abuse and agree to comply with this policy.

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Applicant's Signature

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Applicant Printed Name

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Date

**GREEN COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER**

**GREEN COUNTY PRE-EMPLOYMENT SCREENING  
DRUGS OF ABUSE/ALCOHOL SPECIMEN COLLECTION PROTOCOL  
PARTICIPANT'S INSTRUCTIONS**

Your Prospective Employer Requires That You Submit A Urine Specimen For Drugs Of Abuse/Alcohol Testing. If You Are Unwilling To Participate In This Test, Advise A Staff Person Of This Facility Now .
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If you cannot produce a fresh specimen at this time, drink fluids now and you will be routed by the medical staff to another part of your exam until a later time.

In order to assure the identify and integrity of the specimen, this protocol must be followed carefully:

1. Please present a photo identification.
2. Wash your hands in view of the staff person.
3. In the privacy of a restroom, urinate directly into the specimen container provided. Do not flush the toilet or run the water until you return your specimen to the staff person.
4. Return the container directly to the hands of the staff person and stay with him/her until the specimen is completely sealed and labeled.
5. The staff person will divide the specimen into two containers and seal each with tamper-evident seals.
6. The staff person will place your specimen identification number on each container.
7. Please place your initials and social security number or employee number on each container.
8. Complete the participant's section of the form:

List all drugs that you have taken in the last 30 days.

Enter your prospective employer's name.

Print and sign your name which gives the certified laboratory permission to do the test and release the results to the medical review officer. You are also verifying that you witnessed your specimen being divided, sealed and marked with the specimen ID number which matches your consent form.

9. After the containers are sealed in the tamper-evident bag, put your initials in the place designated.

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The designated certified laboratory uses one of the most reliable and commonly used techniques to screen specimens for substances of abuse. When a specimen tests positive, a new sample is taken from the original specimen and tested with a chemically different, more specific method. Only specimens testing positive on both tests are reported as "positive". Specimens confirming positive are retained for an extended period.